

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040671

10224

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 1 1962

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED

2

0

1

2

1

2

no

no

no

no

no

no

no

no

no

no

no

no

no

no

no

no

no

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Length of stay in 1b

5 years

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

St. Louis

d. STREET ADDRESS

(If outside, give location)

5446 Childress

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

A/K/A First I.S. Rose

Middle

Isaac Sampson

Last

Rose

## 4. DATE OF DEATH

Month

October

Day

25,

Year

1962

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1-3-1879

## 9. AGE (last birthday)

83

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Business Partner

## 10b. KIND OF BUSINESS OR INDUSTRY

Rose Coffee Co.

## 11. BIRTHPLACE (City and state or country)

New York City, N.Y.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Sam Rose

## 13b. MOTHER'S MAIDEN NAME

Deborah Moss

## 14. NAME OF HUSBAND OR WIFE

Ethel Vera Rose

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. Ethel V. Rose 5446 Childress

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Carcinoma of prostate-metastases to lung

## INTERVAL BETWEEN ONSET AND DEATH

3 yrs.

## DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (c)

177X

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Aug. 22, 1962 to Oct. 24, 1962 and last saw him alive on Oct. 24, 1962

Death occurred at 6:40 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

10-26-62

## 23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

## 23d. LOCATION (City, town, or county)

St. Louis County, Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

HOFFMEISTER COLONIAL MORTUARY

## 25. DATE RECD. BY LOCAL REG.

SAM OCT 25 1962

## 26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. George Ittner  
600 Union  
F.O. 1-1256

162

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Bice C. Dransom*

Licensed Embalmer No. 4764

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.